



**To: Prospective Applicants for a Water Discharge Permit for Barge Cleaning and/or Repair Facilities**

Attached is a **Barge Cleaning &/or Repair Permit Application, BCR**, for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

**NOTE: This application only applies to facilities which clean and/or repair vessels (e.g. barges, ships, etc.).**

Two copies (one original and one copy) of your **completed application**, each with a marked **U.S.G.S. Quadrangle map** or equivalent attached, should be submitted to:

**Mailing Address:**

Department of Environmental Quality  
Office of Environmental Services  
Post Office Box 4313  
Baton Rouge, LA 70821-4313  
Attention: Water Permits Division

**Physical Address: (if hand delivered)**

Department of Environmental Quality  
Office of Environmental Services  
602 N Fifth Street  
Baton Rouge, LA 70821  
Attention: Water Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD  
Office of Highways  
Post Office Box 94245  
Baton Rouge, LA 70804-9245  
(225) 379-1927

AND

Louisiana DHH  
Office of Public Health  
Center for Environmental Health Services  
PO Box 4489  
Baton Rouge, LA 70821-4489  
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx> or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

For questions regarding this application please contact the Water Permits Division at (225) 219-3181. For help regarding completion of this application please contact DEQ, Small Business/ Small Community Assistance at 1-800-259-2890.

Except for the pollutants listed in this application and in accordance with LAC 33:IX.2501G.7.d, all other pollutants listed in LAC 33:IX.2501.G.7.c are waived, because information adequate to support issuance of the permit can be obtained with the information requested in this application.

Date \_\_\_\_\_

Please check: ☐ Initial Permit  
☐ Permit Modification  
☐ Permit Renewal

Agency Interest No. AI \_\_\_\_\_  
LWDPS Permit No. WP \_\_\_\_\_  
NPDES/LPDES Permit LA \_\_\_\_\_

Please check: ☐ Proposed Facility  
☐ Existing Facility

**STATE OF LOUISIANA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
*Office of Environmental Services, Permits Division*  
*Post Office Box 4313*  
*Baton Rouge, La 70821-4313*  
*PHONE#: (225) 219-3181*

**LPDES APPLICATION TO DISCHARGE WASTEWATER FROM  
BARGE CLEANING AND/OR REPAIR FACILITIES**

(Attach additional pages if needed.)

**SECTION I - FACILITY INFORMATION**

**A. Permit is to be issued to the following:** (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant/Owner  
(Company, Partnership, Corporation, etc.) \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

If applicant named above is not also the owner, state owner name, phone # and address.

\_\_\_\_\_

Please check status: ☐ Federal ☐ Parish ☐ Municipal ☐  
☐ State ☐ Public ☐ Private ☐ Other: \_\_\_\_\_

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted. **Mobile facilities must include River Miles**

City \_\_\_\_\_ Parish\* \_\_\_\_\_

\_\_\_\_\_

**\*Mobile Facilities must list all parishes**

Front Gate Coordinates:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

## SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

SIC (Standard Industrial Classification) Code(s): \_\_\_\_\_

*SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>*

### B. Name and address of responsible representative who completed the application:

Name & Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

### C. Facility Information.

1. Facility Type \_\_\_\_\_ (barge cleaning, barge repair)

Ratio of barge repair to barge cleaning business \_\_\_\_\_

2. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing permit.

\_\_\_\_\_  
\_\_\_\_\_

3. Provide the anticipated date of start-up for a new facility or discharge, or change in effluent for modification of an existing facility.

\_\_\_\_\_  
\_\_\_\_\_

### D. Facility Operations

1. What type(s) of vessels/equipment are cleaned at this facility? (i.e., open top, tank, chemical, dry cargo)

<input type="checkbox"/> Open top, hopper barges	<input type="checkbox"/> Ship holds
<input type="checkbox"/> Tank barges	<input type="checkbox"/> Other, please list _____
<input type="checkbox"/> Chemical barges	
<input type="checkbox"/> Dry cargo barges	

2. Does any sandblasting occur at this facility? ☐ No ☐ Yes, if please explain

\_\_\_\_\_  
\_\_\_\_\_

3. Does the facility discharge ballast water? ☐ No ☐ Yes, please complete pages 10 and 11

4. Does the facility discharge bilge water? ☐ No ☐ Yes, please complete pages 18 and 19

## SECTION I - FACILITY INFORMATION (cont.)

### E. Barge Information

1. For each type of barge cleaned, provide the following information: (make additional copies if necessary)

Number of different barge types: \_\_\_\_\_

2. Barge Type

- a) Describe the processing operation for each category of cargo (edible products, organic chemicals, petroleum products, inorganic chemicals, dry cargo, grain, aggregate, meal products, scrap iron, coal and coke, fertilizers [urea, potash, ammonium nitrate], etc.) the barge has transported. What is the step-by-step handling of the barge washwaters up to and including discharge?

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- b) What is the maximum number of barges cleaned per day of this type?

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- c) What is the average number of barges cleaned by type and cargo during your peak period?

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3. Are any other types of containers, vessels, tanks, etc. cleaned at this facility? ☐ Yes ☐ No

If "yes", list each type, with the cargo materials involved. Complete a Section II - DISCHARGE INFORMATION, for each type.

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4. Describe solid waste materials disposed of separately from the wastewater. Describe disposal facilities (company, location, method of disposal, etc.)

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5. Are any washwaters sent to disposal facilities? If yes, describe the materials, company, location, method of disposal, etc.

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## SECTION I - FACILITY INFORMATION (cont.)

6. **COMMODITY LIST** - List each commodity that is cleaned from barges. Make sure every commodity is listed, even those anticipated to be cleaned from barges in the future (include this listing as an attachment to this form, if necessary)

[illegible]

## SECTION II - DISCHARGE INFORMATION

### A. Outfall Identification.

Please check if you have the following outfalls. List any other outfalls at the facility below. Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, cooling water, and stormwater runoff and the average flow contributed by each operation.

Check below	Outfall No	Operation Contributing Flow	Treatment Method	Average Flow (gpd)
		dry commodity barge / vessel washwater		
		coal and coke barge / vessel washwater		
		incoming ballast and void water from customer barges		
		maintenance and dry dock ballast water and void water		
		chemical and petroleum tanker barge / vessel washwater		
		food grade tanker barge / vessel washwater		
		treated sanitary wastewater		
		equipment washwater		

## SECTION II – DISCHARGE INFORMATION (cont.)

### B. DRY COMMODITY BARGE / VESSEL WASHWATER

1. Discharge Identification (ex. dry commodity barge / vessel washwater - 001): \_\_\_\_\_
2. Give a brief description of the location of the dry commodity barge/ vessel washwater outfall. For example, Outfall 001 is located at the point of discharge from the barge being cleaned.

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall: \_\_\_\_\_

4. Provide the source of water supply: \_\_\_\_\_

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.) \_\_\_\_\_

6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either “directly”, “open ditch” (if it is a highway ditch, indicate the highway), or by “pipe”. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);  
thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
thence into \_\_\_\_\_ (river, lake, etc.).

7. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

**NOTE: dry commodity barge washwater does not require lab analysis**

## SECTION II – DISCHARGE INFORMATION (cont.)

### C. COAL AND COKE BARGE / VESSEL WASHWATER

1. Discharge Identification (ex. Coal and Coke Barge Washwater- 002):  
\_\_\_\_\_
2. Give a brief description of the location of the coal and coke barge/ vessel washwater outfall. For example, Outfall 002 is located at the point of discharge from the barge being cleaned.  
\_\_\_\_\_

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall:  
\_\_\_\_\_  
\_\_\_\_\_
4. Provide the source of water supply:  
\_\_\_\_\_
5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either “directly”, “open ditch” (if it is a highway ditch, indicate the highway), or by “pipe”. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.  
By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);  
thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
thence into \_\_\_\_\_ (river, lake, etc.).
7. Latitude/Longitude of Discharge:  
Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.  
Method of Coordinate Determination: \_\_\_\_\_  
(Quad Map, Previous Permit, website, GPS)



## SECTION II – DISCHARGE INFORMATION (cont.)

### C. COAL AND COKE BARGE / VESSEL WASHWATER

For discharges of *washwaters from barges containing edible products or coal and coke, runoff from storage areas*. Complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

8. Discharge Identification from 1. above: \_\_\_\_\_

Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
TOC				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

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Check here for a waiver on providing the following analytical data above

## SECTION II – DISCHARGE INFORMATION (cont.)

### D. BALLAST WATER

1. Discharge Identification (ex. Ballast Water- 003): \_\_\_\_\_
2. Give a brief description of the location of the ballast water outfall. For example, Outfall 003 is at the point of discharge from the incoming or maintenance barge.

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall:

4. Provide the source of water supply:

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);

thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);

thence into \_\_\_\_\_ (river, lake, etc.).

7. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec. Longitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

## SECTION II – DISCHARGE INFORMATION (cont.)

### D. BALLAST WATER

For discharges of *Ballast Water*. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

8. Discharge Identification from 1. above: \_\_\_\_\_

Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each ballast water outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
COD				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

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Check here for a waiver on providing the following analytical data above

## SECTION II – DISCHARGE INFORMATION (cont.)

### E. CHEMICAL AND PETROLEUM TANKER BARGE / VESSEL WASHWATER

1. Discharge Identification (ex. Chemical barge washwater-004): \_\_\_\_\_
2. Give a brief description of the location of the chemical and petroleum tanker barge/ vessel washwater outfall. For example, Outfall 004 is located at the point of discharge from the barge being cleaned.

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall:

4. Provide the source of water supply:

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either “directly”, “open ditch” (if it is a highway ditch, indicate the highway), or by “pipe”. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);

thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);

thence into \_\_\_\_\_ (river, lake, etc.).

7. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination:

\_\_\_\_\_  
(Quad Map, Previous Permit, website, GPS)

## SECTION II – DISCHARGE INFORMATION (cont.)

### E. CHEMICAL AND PETROLEUM TANKER BARGE / VESSEL WASHWATER

For discharges of *washwaters from barges containing petroleum products or chemical products, and water from slop tanks*. Complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

8. Discharge Identification from 1. above: \_\_\_\_\_

Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
TSS				
Oil & Grease				
Total Cadmium				
Total Chromium				
Total Copper				
Total Lead				
Total Mercury				
Total Nickel				
Total Zinc				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

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Check here for a waiver on providing the following analytical data: BOD<sub>5</sub>, TSS, and pH

## SECTION II – DISCHARGE INFORMATION (cont.)

### F. FOOD GRADE TANKER BARGE / VESSEL WASHWATER

1. Discharge Identification (ex. Food Grade barge washwater- 005): \_\_\_\_\_
2. Give a brief description of the location of the food grade tanker barge/ vessel washwater outfall. For example, Outfall 005 is located at the point of discharge from the barge being cleaned.

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall: \_\_\_\_\_

4. Provide the source of water supply: \_\_\_\_\_

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.) \_\_\_\_\_

6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either “directly”, “open ditch” (if it is a highway ditch, indicate the highway), or by “pipe”. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);  
thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
thence into \_\_\_\_\_ (river, lake, etc.).

7. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec. Longitude- \_\_\_\_deg. \_\_\_\_min. \_\_\_\_sec.

Method of Coordinate

Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

## SECTION II – DISCHARGE INFORMATION (cont.)

### F. FOOD GRADE TANKER BARGE / VESSEL WASHWATER

For discharges of *washwaters from barges containing food grade products, and water from slop tanks*. Complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

8. Discharge Identification from 1. above: \_\_\_\_\_

Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

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Check here for a waiver on providing the following analytical data above

## SECTION II – DISCHARGE INFORMATION

### G. SANITARY WASTEWATER

If sanitary wastewater is not discharged to surface waters, please indicate the disposal method:

☐ Individual treatment system discharged through a septic tank to underground absorption lines

If yes, is there an overflow pipe?

☐ Yes ☐ No

☐ Connection to Publicly Owned Treatment Works

☐ Connection to Privately Owned Treatment Works

☐ Other, please specify: \_\_\_\_\_

For sanitary wastewater discharges to surface waters, please provide the following information for each outfall.

1. Discharge Identification (ex. Sanitary Outfall 006): \_\_\_\_\_
2. Give a brief description of the location of the sanitary outfall. For example, Outfall 006 consists of sanitary wastewater from the front office and is located on the east side of the facility.

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall: \_\_\_\_\_

4. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.) \_\_\_\_\_

5. Receiving Waters: Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either “directly”, “open ditch” (if it is a highway ditch, indicate the highway), or by “pipe”. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);

thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);

thence into \_\_\_\_\_ (river, lake, etc.).

6. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)



## SECTION II – DISCHARGE INFORMATION (cont.)

### G. SANITARY WASTEWATER

For discharges of *treated sanitary wastewater*, complete the table below. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

7. Discharge Identification from 1. above: \_\_\_\_\_

Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD <sub>5</sub>				
TSS				
Fecal Coliform Colonies/100 ml				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

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Check here for a waiver on providing the following analytical data above

## SECTION II – DISCHARGE INFORMATION (cont.)

### H. BILGE WATER

1. Discharge Identification (ex. Bilge Water- 007): \_\_\_\_\_
2. Give a brief description of the location of the bilge water outfall. For example, Outfall 007 is located on the northeast corner of the facility.

NOTE: This descriptive location should correspond with the location indicated on the facility site map.

3. List treatment method(s) used for the outfall:  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide the source of water supply:

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either “directly”, “open ditch” (if it is a highway ditch, indicate the highway), or by “pipe”. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);  
thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
thence into \_\_\_\_\_ (river, lake, etc.).

7. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate  
Determination:

\_\_\_\_\_  
(Quad Map, Previous Permit, website, GPS)

## SECTION II – DISCHARGE INFORMATION (cont.)

### H. BILGE WATER

For discharges of *Bilge Water*. (Proposed facilities shall have up to two years from commencement of operations to complete and submit the information below. An estimate based on engineering calculations and/or knowledge may be submitted in the interim.):

8. Discharge Identification from 1. above: \_\_\_\_\_

Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/l)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
COD				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

\* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

## SECTION II - DISCHARGE INFORMATION (cont.)

- I. **EQUIPMENT WASHWATER** - Complete this part for each equipment washwater discharge point. Washwater includes, but is not limited to, wastewater generated from pressure or steam cleaning of equipment. Use a separate sheet for each discharge.

1. Discharge Identification (ex. Equipment Washwater - 008): \_\_\_\_\_
2. Give a brief description of the location of the washwater outfall. For example, Outfall 008 is located on the northeast corner of the facility. NOTE: This descriptive location should correspond with the location indicated on the facility site map.  
\_\_\_\_\_

3. List treatment method(s) used for the outfall:  
\_\_\_\_\_  
\_\_\_\_\_

4. Identify the type of equipment washed and whether it is internal or external cleaning:  
\_\_\_\_\_

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

6. Are any soaps, detergents and/or solvents used for cleaning? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.  
\_\_\_\_\_

7. Are any corrosion inhibitors used? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.  
\_\_\_\_\_  
\_\_\_\_\_

8. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps (See Section V). Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);

thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);

thence into \_\_\_\_\_ (river, lake, etc.).

9. Latitude/Longitude of Discharge:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.    Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

## SECTION II – DISCHARGE INFORMATION (cont.)

### I. EQUIPMENT WASHWATER (cont.)

Discharge identification from 1. above: \_\_\_\_\_

10. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each washwater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	<b>Effluent Analysis</b>			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Oil and Grease				
TSS				
COD				
TOC				

Is the effluent flow intermittent?

☐

Yes

☐

No

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐

Check here for a waiver on providing the following analytical data above

## SECTION II - DISCHARGE INFORMATION

### J. Stormwater

1. Are stormwater discharges covered by the Multi-Sector Stormwater General Permit?

☐

Yes

☐

No

If yes, provide the permit number: \_\_\_\_\_

In accordance with LAC 33:IX.2511.A.1, stormwater discharges shall not be required to obtain an LPDES permit "... except... discharges associated with industrial activity." In accordance with LAC 33:IX.2511.B.14.a-k, facilities classified as SIC code the following SIC codes are considered to have stormwater discharges associated with industrial activity:

373 Ship and Boat Building and Repairing 44 Water Transportation

### K. Laboratory Accreditation

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

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Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

<http://www.deq.louisiana.gov/portal/tabid/2412/Default.aspx>

Questions concerning the program may be directed to the Office of Environmental Assessment, Laboratory Services Division at (225) 219-9800.

## SECTION III – COMPLIANCE HISTORY

- A. Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

## SECTION IV – LAC 33.I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐  
☐  
☐

Permits in Louisiana. List Permit Numbers: \_\_\_\_\_

Permits in other states (list states): \_\_\_\_\_

No other environmental permits.

- B. Do you owe any outstanding fees or final penalties to the Department?

☐

Yes

☐

No

If yes, please explain. \_\_\_\_\_

- C. Is your company a corporation or limited liability company?

☐

Yes

☐

No

If yes, is the corporation or LLC registered with the Secretary of State?

☐

Yes

☐

No

## SECTION V – MAPS/DIAGRAMS

- A. **Site Diagram.** Attach to this application a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, oxidation ponds, sewage treatment plants, oil/water separators), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram. The diagram does not need to be drawn to scale.
- B. **Topographic Map.** Attach to this application a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at <http://map.deq.state.la.us/> or [www.topozone.com](http://www.topozone.com). Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road  
Baton Rouge, LA 70802  
(225) 379-1107  
[maps@dotd.louisiana.gov](mailto:maps@dotd.louisiana.gov)

- C. **Flow Diagram.** Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn diagrams are acceptable.

## SECTION VI – SITE HISTORY

A. Date operations began at this site: \_\_\_\_\_

B. Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	

C. **Other Permit History**

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Natural Resources (LDNR) (<http://sonris.com/direct.asp>) must provide verification that the company has either obtained a Coastal Use Permit or is not required to obtain a Coastal Use Permit.

1. Is this facility located in the Louisiana Coastal Zone as mapped by LDNR? ☐ Yes ☐ No

**If yes:**

2. Do you have a Coastal Use Permit issued by DNR: ☐ Yes ☐ No

3. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, marina or residential development?

☐ Yes ☐ No

If **yes**, you must contact DNR for a determination (888) 792-0432 or [HelpDeskDNR@la.gov](mailto:HelpDeskDNR@la.gov).

I have contacted LDNR and this facility is not required to obtain a Coastal Use Permit. ☐

If a Coastal Use permit is required, an application was submitted on: \_\_\_\_\_



According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

#### Chapter 25. Permit Application and Special LPDES Program Requirements

##### 2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

(a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

(b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:

(a) The chief executive officer of the agency, or

(b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

## SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state permit application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."**

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

### CHECKLIST

To prevent any unnecessary delay in the processing of your application to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and one copy of this application and all attachments.

**ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**